PRINTED: 01/13/2010 FORM APPROVED Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS158AGC 12/14/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **6165 DUNCAN DRIVE DUNCAN MANOR GROUP HOME** LAS VEGAS, NV 89108 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 000 Y 000 **Initial Comments** Surveyor: 28381 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal. state, or local laws. This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on December 14, 2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was eight. Eight resident files were reviewed and three employee files were reviewed. The facility received a survey grade of A. The following deficiencies were identified: Y 050 Y 050 449.194(1) Administrator's SS=F Responsibilities-Oversight NAC 449.194 The administrator of a residential facility shall:

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

of NRS.

1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449

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Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS158AGC 12/14/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **6165 DUNCAN DRIVE DUNCAN MANOR GROUP HOME** LAS VEGAS, NV 89108 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 050 Y 050 Continued From page 1 This Regulation is not met as evidenced by: Surveyor: 28381 NAC 449.27704 Placard: Issuance and display; failure to comply. (NRS 449.037) 1. After the Bureau assigns a grade to a residential facility pursuant to NAC 449.27702. the Bureau shall issue a placard to the residential facility. 2. The administrator shall, within 24 hours after receipt of the placard, display or cause the placard to be displayed conspicuously in a public area of the residential facility. 3. If the placard is not displayed in accordance with the provisions of subsection 2, the Bureau will assess against the residential facility a deficiency with a severity and scope score equal to the highest severity and scope score indicated in the most recent survey of the facility conducted by the Bureau. (Added to NAC by Bd. of Health by R122-05, eff. 11-17-2005). Based on observation on 12/14/2009, the administrator failed to ensure the grading placard was dispayed conspicuously in a public area because the grade placard was not displayed at all. Severity: 2 Scope: 3 Y 105 449.200(1)(f) Personnel File - Background Check Y 105 SS=F

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Bureau of Health Care Quality and Compliance

AND DIAM OF CODDECTION IN /		(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB	BER: A. BUILDING		LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	IDENTIFICATION NO					-		
		NVS158AGC		B. WING		12	/14/2009	
DUNCAN MANOR GROUP HOME			ORESS, CITY, STATE, ZIP CODE CAN DRIVE LS, NV 89108					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY F REGULATORY OR LSC IDENTIFYING INFORMA [*]			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
Y 105	NAC 449.200 1. Except as otherwise provided in subsection 2 a separate personnel file must be kept for each member of the staff of a facility and must include (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.			Y 105				
	Surveyor: 28381 Based on record rev facility failed to ensu	not met as evidenced by iew on 12/14/2009, the re 2 of 3 caregivers met equirements (Employee	t					
	08/20/2009, 12/17/2008 and 12/28/2007 State Licensure surveys. Severity: 2 Scope: 3		ate					
Y 106 SS=F	449.200(2)(a) Personnel File - 1st aid & CPR			Y 106				
	NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation.							
	This Regulation is not met as evidenced by: Surveyor: 28381 Based on record review on 12/14/2009, the							

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